

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1301**
Registrar's No. **261**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution;
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **16 Yrs**
years, months or days)

3. (a) PRINT FULL NAME **BEATRICE McKEY**

3. (b) If veteran, name was **No** 3. (c) Social Security No. **770**
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Marion McKey** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Apr 7 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **9** If less than one day hr. min.

9. Birthplace **Vermillion, La.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Michael Lyons**
13. Birthplace **Cherry, Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **Jane Resgan**
15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sybil Allen**

(b) Address **1802 Jarboe**

17. (a) **Burial** (b) Date thereof **1-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glendale Hills**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Dandridge Ave. K.C. Mo. 68**

19. (a) **Jan 19 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1806 Jarboe** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16th**
year **1941** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **1-15-41**, 19____, to **1-16-41**, 19____;
that I last saw her alive on **1-16-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
CEREBRAL HEMORRHAGE

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy
None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Dr. K. C. Gen. Hospital** (M. D. or other) _____
Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.